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ABSTRACT

Prince Edward Island NewStart tested the efficiency of an organized visiting homemaker service project involving the preparation of nine mature, unemployed or underemployed women to meet crisis situations, especially in disadvantaged homes. The 12 week training program was divided into five units--home nursing (47 hours), home economics (62 hours), social work (47 hours), psychology (nine hours), child care (34 hours)--taught by professionals in their respective fields. Classes were held in seminar fashion, with emphasis on discussion and role playing, and liberal use of audiovisual aids. For financial and other reasons, only ten placements were made in the three months following training; but these were relatively long term. Although findings show that the more disadvantaged women worked better as visiting homemakers, it was felt that with sound training, good supervision, and careful placement, other homemakers can also contribute to the rehabilitation of many families. It was recommended that an additional two weeks of classroom study in home economics, social work, and psychology be added, as well as more on the job training. (Five references, placement data, and a training program outline are included.) (LY)

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PRINCE EDWARD ISLAND NEWSTART INC

DESCRIPTION AND EVALUATION OF TRAINING PROGRAM FOR VISITING HOMEMAKERS

BY

ROSEMARY FAULKNER

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Rosemary Faulkner

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PREFACE

The experience of P.E.I. NewStart Inc. with disadvantaged families in Kings County suggests that there is often a need for a skilled, mature, homemaker to meet a crisis situation in the home arising from illness, death, or sudden departure of the mother, or from her inability to cope with emergency situations.

Such a service might also provide worthwhile employment for a number of mature women who are otherwise unemployed or underemployed. No organized homemaker service exists in Prince Edward Island. The Corporation therefore attempted to demonstrate the efficiency of such a service in a pilot project with the hope that it might be adopted on a province wide scale by existing government and other social service agencies.

Under the supervision of Mrs. Faulkner, nine trainees were recruited into an experimental training program and prepared for employment as visiting homemakers. These women were assisted in setting up their own organization, in affiliation with the national one. Assistance was also provided in securing working assignments and recommendations have been made regarding the establishment of a provincial policy.

In this report, Mrs. Faulkner discusses in detail the experimental program carried out, some of its results, and some of its implications for future social services.

Austin L. Bowman
Executive Director

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INTRODUCTION

The National Council for Homemaker Services in 1967 reported that the history of Homemaker Service started in the United States in 1903, when the service was offered as an additional service by a social agency. The National Council defines a visiting homemaker as being a mature, specially trained woman with skills in homemaking who is employed by a public or voluntary health or welfare agency on a permanent or on an "as needed" basis. She is employed to help maintain and preserve family life that is threatened with disruption by illness, death, ignorance, social factors, or other problems. A pleasant personality, physical and mental well-being, training, and experience enable her to assume full or partial responsibility for child or adult care, for household management, and for maintaining a wholesome atmosphere in the home. She does these things under the general supervision of a social worker, nurse or another professional person connected with the sponsoring agency. She exercises initiative and judgement in the performance of her duties, recognizes the limits of her responsibility, works co-operatively with family needs, and shares her observations and problems with those responsible for the homemaker service program.[1]

At present, homemaker services are available in the United States, Canada and elsewhere as organized community programs provided through public or voluntary non-profit health and welfare agencies, generally in collaboration with other services. The benefits of this collaboration are reflected in the total range of services to the community. It is for this reason that education, social welfare, health, and home economics should be combined to prepare the homemaker to perform effectively in her work.

In an article for the National Council for Homemaker Services, Dr. Ellen Winston stated that Homemaker Service is one of the most effective ways of counteracting the effects of poverty because it helps to safeguard, protect, stabilize and unify families.[2]

The Canadian Welfare Council in 1968[3] proceeded to look at the state of Homemaker Services in Canada and found such services recognized as being infinitely better for the children, (in the case of the families with children) to have a women placed as a mother substitute in the home rather than placing the children in institutions and foster homes during periods of the mother's temporary absence or incapacity.

Previously, most of the services attached to private family and children's agencies have been small - sometimes employing only one or two homemakers, and rarely more than 10. However, organized Homemaker Services have now come to be recognized as a significant extension of modern community health and social services and these additional services have been developed. In Canada these developments have occurred mainly under the auspices of the Canadian Red Cross Society, being concentrated primarily in the province of Ontario. Despite the major expansion of services, only a small fraction of the needs of families are being met in communities. Existing services are not being expanded, and new ones are not being initiated rapidly enough due to lack of finances and understanding of the contributions to be made by visiting homemakers.[3]

The United States Department of Health, Education, and Welfare[4] in 1969 gave recommendations for Homemaker-Home Health Aide training and services. The Department concluded that a training program was necessary and should include a

combination of theory and on-the-job training. The training should be made up of a low cost homemaking, elementary psychology, and understanding of working with families where there are social problems, simple nutrition, in-depth knowledge of the use and availability of community resources, home nursing and child care. The Manpower Re-training Program at Algonquin College in Ottawa,[5] after seven years of experience, found that a 12 week training program for Visiting Homemakers works very well.

The idea of a Homemaker Service is not new to Prince Edward Island. In the years 1947-1952, such a service was offered under the auspices of the P.E.I. Division of the Canadian Red Cross Society. A number of homemakers were trained at that time and worked out of the Charlottetown and Summerside offices of the Red Cross, where administration was centered. However, it is a policy of the Red Cross to establish such programs on a pilot basis only, with the hope that some private or public local organization will carry on when the need for the service is demonstrated. Unfortunately, this did not occur in Prince Edward Island and the service was not followed through. The only other province in Canada without an organized Homemaker Service is Newfoundland.[3]

In 1969, the province began to realize that visiting homemakers were necessary as a means of keeping families together in crisis situations, thereby reducing the cost of Child Welfare by not having to place children in foster care. The Provincial Division of Child Welfare approached P.E.I. NewStart with the idea of developing a training program for visiting homemakers. P.E.I. NewStart proposed to carry out such a program as a component of their Manpower Development System, as mentioned in the Annual Plan for

Research in Human Resource Development for 1970-71.[6] It was an objective of the system to work with adults, between the ages of 17 and 35, who were unemployed or who earned less than $4,000 per year. These persons would have less than grade 10 education and would lack a number of socialization skills.

As a result of the experiences with NewStart concerning family rehabilitation in Kings County, it was decided that a training program for visiting homemakers would be a good initial skills program. Research states that women who have raised their own families, and are between the ages of 25 and 52, make the best visiting homemakers.[12345] Therefore, it was decided to deviate from the age range stated in the Manpower Development System for this project.

OBJECTIVES

The major objectives of this program were to train women for positions as visiting homemakers and to show that women having the target population characteristics can be successfully employed as such.

RECRUITMENT

The recruitment phase of this program lasted a total of three weeks. The method used was advertising in the newspapers for one week.

As a result of the advertisement, 50 women replied indicating they had an interest in becoming a visiting homemaker. The majority of the inquiries contained the question, "What does a visiting homemaker do?" A letter

containing information about Homemaker Service and the program was sent to all the inquiries. It was hoped that by sending this letter we would only get replies from ladies who really understood the service and wanted to be homemakers.

The National Council for Homemaker Services[1] reported that the best way to get the right type of person to train as a homemaker is to carefully screen all applicants in an interview and in this way determine which of them has the basic qualities and potential upon which to build by training. Thirty applicants who replied to the information letter were granted an interview with the home economist who was to manage the program and the Provincial Director of the Division of Child Welfare who had experience selecting women to work in crisis situations.

As a result of the interviews, nine women were selected to train as visiting homemakers. The women chosen had a mean age of 42 with a range of from 35 to 52, a mean grade level of nine with a range of from eight to 10. Their mean I.Q. was 73 with the range from 54 to 96. All the women were married and all had an average of five children with a range of between two and 13. The mean income was $3,500, with the range from $2,000 to $6,000. Five had worked within three years of training, four had never worked. All trainees commuted some distance to training, one trainee travelled 120 miles per day.

All trainees had the following personality characteristics as judged initially in the interview: outgoing, understanding of the feelings of others, trustworthy, responsible, willing to learn and to help others, good physical and mental health and a sense of humor. It should be noted that during the program, the instructors noted changes in personality

characteristics.

The five trainees who had worked within the last three years prior to training received manpower allowances, those who had not worked received equal NewStart allowances.

PROGRAM DESCRIPTION

The training program lasted 12 weeks and was divided into five units. Each week was devoted to sections of units and the time devoted to each unit was determined by the total amount of time believed necessary by the instructor. A time-table for each unit was drawn up each week.

The units covered were social work, home economics, child care, home nursing, and psychology. Subjects were taught by professionals in their fields. The subject matter given was as follows.

Home nursing was taught by two registered nurses who had teaching experience. The unit was planned to take 47 hours and the topics covered were health and the influence of environment, individual health habits on health, personal appearance, care of the eye, ear, nose and body, disease, home nursing procedures, first aid, care of special problems, and the use of community agencies. The methods used in this unit were films and filmstrips, manuals for home nursing, first aid and community services, practical work in care of the sick, on-the-job training, and other visual aids such as tape recorders, video tapes and overhead transparencies.

Home economics was taught by a trained home economist who had experience working with low income families and in developing the program for the visiting homemakers. The

unit was planned for 62 hours and the topics covered were: the homemaker and her work with the family and the agency, ethics, nutrition and meal planning, teaching the disadvantaged, home management concepts such as insect and pest control, work simplification, money management, table setting, fire prevention, home safety, and care and maintenance of personal belongings. The methods used were role playing, resource speakers, field trips, practical work in the preparation of low cost meals, on-the-job training, visual aids such as films, filmstrips, video tapes and tape recorders.

Social work was taught by a social worker. This unit was planned for 47 hours and the topics covered were: the psychodynamics of family life, family problems, multi-problem families, and the community agencies available to help families. The methods used were: on-the-job training, field trips, resource speakers, and visual aids such as films, filmstrips, video tapes and overhead transparencies.

Psychology was taught by a psychologist in training. The unit was planned to last nine hours. The topics covered were: an introduction to psychology, learning, personality, psychological development, behavior disorders, alcoholism and drugs, and people's relation to one another. All topics were covered in lecture and discussion.

Child care was taught by a nurse who was also the supervisor in a Day Care Centre, and who had experience teaching children. The unit was planned for 34 hours. The topics covered were: pre and post natal care, development and care of the pre-school child, care of the school age child, care of special problem children. The methods used were field trips, manuals on child care, resource speakers, films and filmstrips.

A more detailed outline of the training program can be seen in appendix A.

Classroom work was carried out in a demonstration kitchen and a simulated hospital ward which were made available in the NewStart Training Complex. The theoretical and practical units of instruction were from Monday to Thursday for approximately seven weeks. For the remaining five of the 12 weeks, classes were from Monday to Friday to allow for field trips and on-the-job training. Field trips were taken to rehabilitation centres, alcoholic treatment centres, mental care institutions, a home for handicapped children, public welfare bureaus, food packing plants, etc. Each trainee participated in at least 24 hours of on-the-job training. Trainees were placed in a variety of situations so that each homemaker would have something to offer the other when their cases were discussed in class after on-the-job training.

Classes were held in seminar fashion with maximum attention being given to discussion and role playing. As often as possible films, tapes, and other audio visual aids were used. Practical application of theory was called for daily. For example, in social work, ways of approaching a family were discussed. The homemakers were then asked to role play various techniques with a family and they were recorded on video tape. The tape was played back and discussion followed on ways in which the homemaker could improve her techniques. At the end of the program, the homemakers commented on how valuable this experience was because they could see their own reactions.

Institutions which had given homemaker programs before advised that the trainees wear a uniform in class and on-the-job. We reinforced this belief because we found the uniforms gave the homemakers a feeling of professionalism, so necessary for their career. The uniform was worn on all field trips and job placements so that people outside the program would also identify the trainees as homemakers.

Near the end of the program the homemakers showed a desire to stay together upon exit from the program, as evidenced by their concern in class for the future of homemaker service on Prince Edward Island. As a result they formed the Visiting Homemaker Society for Prince Edward Island.

Unlike most of the other provinces in Canada, there is no Visiting Homemaker Agency on Prince Edward Island. Consequently, prior to the completion of this program, the homemakers were made aware that they would be responsible for handling all their own placements and requests for service. To assist the homemakers in getting established, NewStart invited the agencies which were felt would make use of the Visiting Homemakers. Agency heads were informed about how the homemakers could serve their agency, and how the agency could contact the homemakers. The following eight agencies were represented: Provincial Department of General Welfare Assistance and the Division of Child Welfare, Canadian Mental Health Association, Red Cross Association, Prince County Welfare Bureau, Catholic and Protestant Family Service Bureaus, and the Provincial Division of Mental Health. Also, to assist the homemakers in getting established, NewStart agreed to handle telephone charges in cases where one of the homemakers had to call another homemaker to work on a case. The telephone number of NewStart and one of the homemaker's

were placed in the local newspaper as a means of advertising the service.

RESULTS

Nine women completed the training program. During a period of three months following the training program, 117 calls were recieved either for information or for possible placements. The calls for placement were recorded only if the party calling could afford to pay for the service. Ten placements were made. The distribution by county, for the three-month period, is seen in Table 1. Distribution for a further five month period can be seen in Appendix B.

TABLE 1

DISTRIBUTION BY COUNTY OF THE NUMBER OF HOMEMAKER PLACEMENTS MADE FOR A THREE MONTH PERIOD

County	Number of Homemakers	Placements	Number of Hours
Prince	1	3	160
Queens	1	3	220
Kings	7	4	112
TOTAL	9	10	492

The following are the reasons for so few placements:

1. Too few homemakers.
2. Placements made lasted a long time.

3. Most of the calls for placement were from Queens and Prince Counties while the majority of the homemakers were from Kings County. The homemakers from Kings County preferred to work in their own county and not travel.

4. General Welfare Assistance could not pay for homemaker service in many instances, and many families and public and private agencies did not have funds for homemaker service.

Using the media of radio and the newspaper, the homemakers asked women to apply for training as visiting homemakers and they attempted to make the public aware of their work as visiting homemakers and the need for the service.

As a result of follow-up meetings with homemakers, they approached the Canada Manpower Centre for a retraining program to take place for upwards of 30 homemakers in the winter of 1970. They also assisted along with a number of Social Service Agencies, in the preparation of a brief to the Minister of Health and Welfare for the securing funds and support to further Visiting Homemaker Services on Prince Edward Island.

It should be mentioned that homemakers who were disadvantaged socially and financially upon coming into the program, offered a great deal to the other trainees as far as insight into why family problems occur. They were also a great help to the other trainees in attempting to have them understand the problems of poverty. The homemakers who came from lower income families tended to take more placements in many categories. The categories of placements are usually identified as health (mental and physical), welfare, or teaching. The more disadvantaged homemakers went into poverty cases as a challenge and it is believed that they

did so because they often understood the family problems. The more advantaged homemakers often tended to turn down the poverty cases by creating excuses why they could not go. It is felt they did this because they were often unsure of what to expect, or feared that they could not handle the problems when they got there. In future follow-up sessions it was shown that the disadvantaged homemakers received more work and more salary than the advantaged homemakers, this was because they would work more often.

Although findings show that the more disadvantaged homemaker worked better as a homemaker, one should not assume that only disadvantaged women should be selected as visiting homemakers. It is felt that with sound training, good supervision, and careful placement, the more advantaged homemaker can offer a great deal in the rehabilitation of many families. We are merely attempting to point out that it was found that the more disadvantaged homemakers had a greater understanding of some of the cases on which they were asked to work.

CONCLUSIONS

There has been only a three month period for evaluation of this program. As of this writing, however, it appears that, on the basis of the number of telephone calls recorded, an interest in visiting homemakers has been created. It is believed homemakers will work more efficiently with all the calls being co-ordinated from one office, also needed is more co-operation from the Department of Welfare with regard to paying homemakers on cases where the family can not afford a visiting homemaker.

RECCMMENDATIONS FOR COURSE REVISION

It was difficult to complete all the planned units of the training program in the time alloted. It would, therefore, be recommended that an additional two weeks of classroom study in home economics, social work, and psychology be added, as no time was afforded the discussion of mental illness and working with the handicapped homemaker. It is also recommended that homemakers spend more time in on-the-job training to better acquaint themselves with the number of different cases and functions.

The instructors in this program worked well with the homemakers because they all had a complete understanding of their subject material, they were informal and yet were very well organized. It is felt that this program should be given by persons having a full understanding of the units and allowing for maximum utilization of subject material. Such instruction permits the homemakers to perceive a variety of points of view on any one subject (as they did in this program and in previous programs given at a national level.[5])

In future there should be less emphasis put on child care, since most of the homemakers should have raised their own families.

FOOTNOTES

1. National Council for Homemaker Service. Homemaker Home Health Aides Training Manual. New York 1740. Broadway, New York 10019. 1947

2. Winston, Ellen Dr. Homemakers - A National Need. National Conference on Homemaker Services, 1964.

3. Canadian Welfare Council Research Branch. Study of Homemaker Services, Ontario. 55 Parkdale Avenue, Ottawa 3, Ontario. 1968.

4. U.S. Department of Health & Welfare, Public Health Service. Recommendations for Homemaker Home Health Aide Training and Services. Washington, D.C. U.S. General Posting Office. 1969.

5. Algonquin Re-training Centre, Training Program for Visiting Homemakers. Algonquin College, Ottawa, Ontario. 1969.

6. Prince Edward Island NewStart, Third Annual Plan for Research in Human Resources Development 1970-71. Prince Edward Island NewStart, Box 100, Montague, P.E.I.

APPENDIX A

OUTLINE OF A TWELVE WEEK TRAINING PROGRAM FOR VISITING HOMEMAKERS

1. HOME NURSING

A. Number of Hours: 46 1/2

B. Instructors: (Mrs.) Marguerite Connolly, R.N.
(Mrs.) Roberta MacPherson, R.N.

C. Material to be Covered:

(i) What is Health?

(ii) Influence of environment on health.

(iii) Influence on individual health habits.

(iv) Personal appearance

(v) Care of the eye, ear, nose, body in general.

(vi) Disease

(vii) Routine home nursing procedures

(viii) The sick room

(ix) Care of the aging and other special home care problems.

(x) Special illness - brief explanation

(xi) First Aid

(xii) Use of community agencies

D. Resource Material

Films

Red Cross Home Nursing Manual

Red Cross First Aid Manual

Field Trips

Laboratory set up for the care of the sick in the home.

2. HOME ECONOMICS

A. Number of Hours: 62

B. Instructor: (Mrs.) Rosemary Faulkner, B.Sc.

C. Material to be Covered:

(i) Standards of conduct for visiting homemakers

(ii) The family and the homemaker

(iii) Establishing priorities in the home

(iv) The role of the visiting homemaker and employment opportunities

(v) Recipe interpretation

(vi) Principles of nutrition and diet

(vii) Meal planning and purchasing

(viii) Storage of foods

(ix) Meal Preparation

- egg cookery
- cereal cookery
- flour mixtures
- dessert cookery
- vegetable cookery
- fish cookery
- poultry cookery
- meat cookery
- left-over cookery
- lunch box cookery

(x) Work simplification

(xi) Care and maintenance of home and personal belongings

(xii) Insect and pest control

(xiii) Home safety and fire prevention

(xiv) Money management

(xv) Table setting and service

(xvi) Low income home economics

D. Resource Materials

Kitchen and living lab set up for preparation and service of meals

Resource materials

Films and Tapes

Field trips and presentations

3. SOCIAL WORK

A. Number of Hours: 47

B. Instructor: (Mr.) Louis Richard, M.S.W.

C. Material to be Covered:

(i) To understand common human needs

(ii) To understand the psychodynamics of family life

(iii) To recognize different family problems

(iv) To become knowledgeable of basic mental health problems

(v) To understand the visiting homemaker's role in dealing with family problems

(vi) To understand the role of community helping agencies.

4. PSYCHOLOGY

A. Number of Hours: 9

B. Instructor: (Miss) Josie Kickham, B.A.

C. Material to be Covered:

(i) Introduction to psychology

- define psychology
- differences between psychology and other sciences

- types of psychology
- what is behaviour

(ii) How people differ from one another
- heredity
- environment
- growth and development of intellect
- language

(iii) Learning
- how adults learn and why
- what affects learning
- why some people cannot learn
- importance of reinforcement
- importance of interest in learning

(iv) Personality
- development of emotions
- define personality
- what determines person's personality
- what are disturbances in personality

(v) Psychological development
- child development, birth onwards
- exceptional children
- adolescence
- old age

(vi) Behaviour disorders
- differences between normal and abnormal behaviour
- psychological needs
- stress
- neurosis and psychosis
- how to identify behaviour disorders

(vii) Alcoholism and drugs

(viii) What to remember when working with other people

- understand needs of person
- acceptance
- communication
- affect of fatigue on working with people
- job satisfaction

5. CHILD CARE

A. Number of Hours: 34

B. Instructor: (Mrs.) Eileen MacKenzie, R.N.

C. Material to be Covered:

(i) Birth

(ii) Needs of new baby

(iii) Pre-school development and the child in the family

(iv) Pre-school problems

(v) Development of good habits

(vi) Illness in pre-schooler

(vii) School age children

(viii) Health problems

(ix) Retardation

(x) Mental illness

(xi) Emotional disturbances

(xii) Special needs of children

- play
- orthopedic
- deaf
- speech handicaps

D. Resource Materials:

Films

Field trips

Resource persons on

- crippled children
- retarded children
- emotional children

The Canadian Mother and Child

Up the Years from One to Six

APPENDIX B

THE USE OF VISITING HOMEMAKERS IN PRINCE EDWARD ISLAND FROM JULY 1, 1970 TO NOVEMBER 16, 1970

THE USE OF VISITING HOMEMAKERS IN PRINCE EDWARD ISLAND
FROM JULY 1, 1970 TO NOVEMBER 16, 1970

Agency Requesting Service	Service Given by Homemakers at $1.50/hr.	Number of Served Families
Child Welfare Division	14 weeks (560 hours)	4
Mental Health Division	3 weeks (295 hours)	2
General Welfare Assistance	4 weeks 240 hours)	2
Morell and Souris Community Service Centres (P.E.I. NewStart)	2 days/week 9 weeks (144 hours)	6
Division of Public Health Nursing (Home Care Program)	3 weeks (120 hours)	1
Private basis	5 weeks (240 hours)	5
Total	40 weeks (1,599 hours)	20

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